



Fire Incident Organizer

First resource on scene, immediately relay the following “quick 6” to dispatch:
(Does not take place of size up)

Incident Commander	
Fire Name	
Lat/Long	
Size (estimated acres)	
Current Fire Behavior	
Values Threatened	None Structures Life Other

Request Frequencies:	Command	Tactical
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Complete the following table before submitting organizer to dispatch:

WildCAD Incident Number	
Unit Fire Number	
Sub Unit Fire Number	
Fire Code	
Final Incident Commander	
Fire Report Completion Date	

The **final IC** will submit this completed Fire Incident Organizer within **five days after the incident is declared out**, along with all other associated documentation to the DAFMO/FOS responsible for fire report.

April 28, 2021

To: Type 3, 4 and 5 Incident Commanders
From: Central Utah Fire Management Board
Subject: Delegation of Authority and Letter of Expectations for Type 3, 4 and 5 Incident Commanders

We delegate the authority to appropriately manage wildland fires within the Central Utah Fire Management Area to all local Type 3, 4 and 5 Incident Commanders (to include out of area resources assisting within Central Utah). This delegation applies to low complexity/short duration type incidents (for more complex incidents a specific delegation of authority may be initiated). **As an IC, you must keep firefighter and public safety as your highest priority on every fire.** Additionally, you should manage the incident cost-efficiently and with as little environmental damage as practical.

We further want to convey our expectations about your responsibilities on Type 3, 4 and 5 incidents. The following list of expectations and responsibilities will help each of you:

- Implement the Risk Management Process, as outlined in the Incident Response Pocket Guide. In addition, develop and implement viable strategies and tactics for the incident, monitor their effectiveness, and disengage suppression activities immediately if strategies and tactics cannot be implemented safely.
- Maintain command and control of the incident, including ensuring a harassment free work environment.
- Document and submit your "Summary of Actions" using ICS 201/214/Incident Organizer within five days of the incident being called out.
- Ensure that you are implementing key recommendations and best practices as identified by the various agency specific and interagency COVID-19 response protocols.
- Provide a thorough and complete briefing (IRPG) as well as completely and appropriately document an After Action Review (AAR) on every incident. Relay pertinent AAR information to the Jurisdictional Duty Officer.
- Continually evaluate incident complexity (IRPG Pages 10-11) and when appropriate, document in the "Wildland Fire Risk and Complexity Assessment" (RIFC Website - Operations).
- Adhere to Work-Rest Guidelines and ensure proper documentation is completed if/when broken.
- Establish a unified command quickly when appropriate (multi-jurisdictional situations).
- ICs must not have concurrent responsibilities that are not associated with the incident.
- Keep Richfield Interagency Fire Center and the appropriate Duty Officers/Agency Administrators informed on the status of your incident.
- For fires occurring on National Forest System Lands and National Park Service Lands, Incident Commanders shall consult with the Duty Officer prior to taking suppression action. Unless, there is imminent threat to life safety.
- Recognize land ownership and ensure strategies and tactics are in line with appropriate agencies policies and authorizations.

We have the utmost respect for your knowledge and professionalism. You serve an extremely important leadership role. Please understand that your actions will be supported in any cases where you take appropriate precautions to safeguard firefighters and the public.

MICHAEL GATES Digitally signed by MICHAEL GATES
Date: 2021.04.29 11:07:19 -06'00'

District Manager, West Desert District,
Bureau of Land Management

RANDY PETERSON Digitally signed by RANDY PETERSON
Date: 2021.04.29 13:21:30 -06'00'

District Manager, Color Country District,
Bureau of Land Management

CLARENCE BEGAY Digitally signed by CLARENCE BEGAY
Date: 2021.05.05 08:10:31 -07'00'

Superintendent, Southern Paiute Agency

**Superintendent, Capitol Reef National Park,
National Park Service**

**Area Manager, Utah
Division of Forestry, Fire and State Lands**

MICHAEL ELSON Digitally signed by MICHAEL ELSON
Date: 2021.04.29 10:37:07 -06'00'

Forest Supervisor, Fishlake National Forest

Incident Commander Checklist

- ┌ Verify all frequencies assigned and all units responding to the incident.
- ┌ Name the incident and obtain an incident number from RIFC. Use the closest geographical reference and keep it short.
- ┌ Flag the route to the incident. Start from major roads and clearly flag each turn on both sides of road.
- ┌ Designate a briefing and staging area. All resources will be checked in and briefed.
- ┌ Post lookouts ensure communications work and identify escape routes and safety zones.
- ┌ Complete the Initial Size-up Briefing on the Initial Field Fire Report. Relay this information to RIFC over the radio.
- ┌ Has the Duty Officer or Agency Administrator given clear "LEADERS INTENT" for the management of the fire?
- ┌ If incident complexity is increasing, consider completing the incident complexity analysis with agency administrator.
- ┌ Develop objectives for your incident in coordination with Duty Officer. Use strategies and tactics that are safe and achieve the objectives. Incident objectives should be consistent with Fire Management Plan resource objectives.
- ┌ When the fire is suspected to be human caused, protect point of origin, order Fire Investigator, and take photos. All human caused fires are required to have an investigator.
- ┌ Relay coordinates to RIFC and request land ownership.
- ┌ Establish a unified command when appropriate. Ensure RIFC and all resources on the incident know who the Incident Commander is. Relay transfer of command over the radio.
- ┌ Plan for operational resources needed to control the incident.
- ┌ Order the necessary and appropriate operational resources through RIFC ASAP for the next operational period. Off unit resources may be filled by other dispatch centers that may not be open later in the evening.
- ┌ Ensure all contract resources are inspected through RIFC prior to obtaining an assignment.
- ┌ RIFC will coordinate with County Dispatch Centers for EMS and local law enforcement issues upon request.
- ┌ Complete the Spot Weather Forecast Request and relay the information to RIFC. Request a spot weather forecast for each operational period that the fire is uncontrolled or if a Red Flag Warning/Fire Weather Watch has been issued.
- ┌ Confirm with RIFC that the Operational Duty Officer has been briefed.
- ┌ Notify RIFC by 1800 if they will need to extend staffing.
- ┌ An Incident Status Summary (ICS-209) will be submitted to RIFC by 1800 for all action fires reaching the 100(timber)/300(grass/brush) criteria. A final 209 will be submitted when the fire is contained AND national resources are no longer being requested by the incident OR when the fire is controlled OR out.
- ┌ Order logistical resources needed to control the incident through RIFC.
- ┌ Facilitate incident AARs after each operation period. Document a final incident AAR (in the Incident Organizer page 13) after the fire is controlled.
- ┌ Complete Crew Time Reports, shift tickets and evaluations for all off unit resources prior to their demobilization.
- ┌ Keep RIFC informed on changes in conditions/personnel.
- ┌ Complete the Final Fire Report Data form in the Incident Organizer when the incident is declared out. Give completed Incident Organizer to appropriate DAFMO/FOS within five days after the incident is declared out.

INITIAL SIZE-UP BRIEFING (Report to RIFC)

FIRE NAME: _____ DATE: _____ TIME: _____

INCIDENT COMMANDER: _____

DESCRIPTIVE LOCATION: _____

DEGREES/DECIMAL MINUTES (NAD 83): _____ x _____

IS ABOVE LOCATION THE POINT OF ORIGIN? ☐ Yes ☐ No If no, specify: _____

OWNERSHIP(s): _____ ESTIMATED SIZE: _____ acres

CAUSE: Natural _____ *Human _____ Specify _____

***IF HUMAN CAUSED ON FEDERAL LAND, ORDER INVESTIGATOR; ON STATE/PVT NOTIFY WARDEN.**

EST. CONTAINMENT: DATE: _____ TIME: _____ EST. CONTROL: DATE: _____ TIME: _____

VALUES THREATENED:	<input type="checkbox"/> N	NO	<input type="checkbox"/> Y	YES specify: _____
CONTROL PROBLEMS:	<input type="checkbox"/> N	NO	<input type="checkbox"/> Y	YES specify: _____
HAZARDS AND/OR CONCERNS:	<input type="checkbox"/> N	NO	<input type="checkbox"/> Y	YES specify: _____
ADDITIONAL RESOURCES NEEDED:	<input type="checkbox"/> N	NO	<input type="checkbox"/> Y	YES specify: _____

SPREAD POTENTIAL:

☐ 1 Low ☐ 2 Moderate ☐ 3 High ☐ 4 Extreme

FIRE BEHAVIOR:

☐ 1 Smoldering ☐ 3 Running ☐ 5 Torching ☐ 7 Crowning/Spotting
☐ 2 Creeping ☐ 4 Spotting ☐ 6 Crowning ☐ 8 Erratic

FLAME LENGTH (Average flame length at head of fire): _____ feet

WIND SPEED _____ MPH WIND DIRECTION N S E W NW NE SW SE

TOPOGRAPHY (Topography in vicinity of fire origin):

<input type="checkbox"/> 1 Ridgetop	<input type="checkbox"/> 4 Middle 1/3 of slope	<input type="checkbox"/> 7 Valley Bottom
<input type="checkbox"/> 2 Saddle	<input type="checkbox"/> 5 Lower 1/3 of slope	<input type="checkbox"/> 8 Mesa or plateau
<input type="checkbox"/> 3 Upper 1/3 of slope	<input type="checkbox"/> 6 Canyon Bottom	<input type="checkbox"/> 9 Flat or rolling

SLOPE (Percent slope in vicinity of fire origin):

☐ 1 0-25% ☐ 2 26-40% ☐ 3 41-55% ☐ 4 56-75% ☐ 5 76+%

FBPS FUEL MODEL:

<input type="checkbox"/> 1 Short Grass (1 ft)	<input type="checkbox"/> 5 Brush (2 ft)	<input type="checkbox"/> 9 Hardwood Litter
<input type="checkbox"/> 2 Timber w/ Grass Understory	<input type="checkbox"/> 6 Dormant Brush	<input type="checkbox"/> 10 Timber (Litter & Understory)
<input type="checkbox"/> 3 Tall Grass (3 ft)	<input type="checkbox"/> 7 Southern Rough	<input type="checkbox"/> 11 Light Logging Slash
<input type="checkbox"/> 4 Chaparral/Brush (6 ft)	<input type="checkbox"/> 8 Closed Timber Litter	<input type="checkbox"/> 12 Medium Logging Slash
<input type="checkbox"/> 13 Heavy, clear cut slash		

ASPECT: N S E W NW NE SW SE FLAT ELEVATION: _____

RESOURCES ON SCENE: _____

LCES in place: ☐ N ☐ NO ☐ Y YES ☐ ICT5 ☐ ICT4 ☐ ICT3 (Based on Complexity Analysis)

FINAL FIRE REPORT DATA

The information from this sheet will be used to complete agency specific Fire Reports

Discovery Date & Time:	M		D		Y		TIME	
Initial Attack Date & Time:	M		D		Y		TIME	
Containment Date & Time:	M		D		Y		TIME	
Control Date & Time:	M		D		Y		TIME	
Out Date & Time:	M		D		Y		TIME	
USFS Acres:								
BLM Acres:								
State Acres:								
Private Acres:								
Other Acres: (specify)								
Total Acres:								
Name of County at the origin:								
Fire Cause:								
Method of fire detection:								
Degrees/Decimal Minutes								
Aspect at Origin (circle):	NW	N	NE	E	SE	S	SW	W
Slope at Origin:								
Elevation at Origin:								
NFDRS Fuel Model	A) Annual grasses B) Mature Brush C) Open Pine w/Grass E) Hardwood Litter (Fall) F) Intermountain West Brush G) Western Conifers H) Short Needle Conifers				I) Heavy Slash J) Intermediate Slash K) Light Slash L) Perennial Grasses R) Hardwood Litter (summer) T) Sagebrush w/grass U) Western Long-Needle Pine			
Most Representative Weather Station (RAWS)	421501 Sevier Res. 421805 Black Cedar 421807 Horse Hollow 421905 Lost Creek				421502 Mud springs 421806 Tule Valley 421904 Signal Peak 422610 Larb Hollow			

This page is required to be filled out

RESOURCE SUMMARY

[illegible]

SPOT WEATHER FORECAST REQUEST

Required Elements *

PROJECT NAME

*Project
Name:

☐ Wildfire ☐ WFU ☐ HAZMAT

☐ Prescribed
Fire ☐ SAR

Ignition Time: ☐ Mountain Local Time
Date:

REQUESTING AGENCY

NOTE: Do not use commas in this section.

*Requesting Agency:

*Requesting Official:

*Phone Number:

Ext.

FAX Number:

Contact Person:

REASON FOR SPOT FORECAST REQUEST

*Must choose either Wildfire or one of the Non-Wildfire reasons

☒ Wildfire

☐ Non-Wildfire

LOCATION

*Lat:

*Lon:

7.5' Quad:

Legal (T/R): ☐ UT

*Enter Lat/Lon, Legal(T/R) also acceptable.

*Elevation:

Top Bottom

Drainage:

*Aspect:

Size: (Acres)

FUEL

Type:

☐ Sheltering

☐ Full

☐ Partial

☐ Unsheltered

OBSERVATIONS

Place	Elev.	Time	Wind	Temp	Wet bulb	RH	Dew pt.	Sky/Weather
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRIMARY FORECAST ELEMENTS

TDA TNT TMR (Today, Tonight, Tomorrow)

- ☐ ☐ LAL
- ☐ ☐ Haines Index
- ☐ ☐ Clearing Index
- ☐ ☐ Sky/Weather
- ☐ ☐ Temperature
- ☐ ☐ Humidity
- ☐ ☐ Wind - 20 Foot

REMARKS

After Action Review

Date: _____

Conducted by: _____

What was planned?

What actually happened?

Why did it happen?

What can we do next time?

Is there a need to file a SAFENET or SAFECOM? No ☐ Yes ☐

Wildland Fire Accidents? No ☐ Yes ☐

If Yes, specify below:

- ☐ Entrapment
- ☐ Equipment Damage
- ☐ Near-miss
- ☐ Injury _____

Agency Reviewing Official

Title

Date

INCIDENT REPLACEMENT AND CLAIMS

Prior to release from an incident, personnel may request replacement of equipment and supplies that were lost, consumed or damaged during the incident. There is a distinct difference in the process to replace cache (NFES) and non-cache, durable and accountable equipment, and consumable supplies. The following process covers federal, state and cooperator resources. The incident replacement processes **will not** be used for contractor or employee personal property.

For information and step by step procedures, refer to the Central Utah Cache and Non-Cache Incident Replacement Guide, Interagency Incident Business Management Handbook and the Great Basin Guidance for Tire Inspection and Replacement.

WHAT TO EXPECT

- ✓ Expect to receive an item from the cache
- ✓ Expect no more than the value of an ordinary cache item
- ✓ All non-cache items need approval from the agency FMO or IBA.
- ✓ Supplies used on the fire will come from stock available in supply or through the OF-315, incident replacement process.
- ✓ Out dated items or property that is worn out (i.e. outdated radios, GPS units, bags and tents) will not be replaced.

1. **Consumable Goods:**

Replacement of consumable goods used on the incident should be replaced from the existing incident supplies.

IF not available from supply, an OF-315, Incident Replacement Requisition or ICS 213, General Message must be completed and signed by the IC or Logistics Section.

- Consumable NFES items will use the OF-315 and be filled through agency caches.
- Consumable Non-NFES items, complete the OF-315. Dispatch will issue S#s for the requesting resource to purchase.

2. **NFES Items (Cache) – Durable and Accountable:**

- Complete the OF-289, Property Loss or Damage Report. The damaged/destroyed property will be required to be returned to supply.
- On the basis of the OF-289 and the engine inventory sheets or other fire equipment inventory documents, the IC, Logistics Section or incident agency FMO will review and determine if the incident will replace the items.
- Replacement will occur at the incident supply or through the agency cache with the Incident Replacement Requisition, OF-315.

3. **Non-NFES and Specialty Items - Durable and Accountable:**

- A completed OF-289, Property Loss or Damage Report will be submitted to the incident logistics or IC for review. The IC or logistics will work with Finance to obtain the approvals from the delegated official. The delegated official (i.e. FMO or IBA) is required to approve any item(s) that are ordered from non-cache sources.
- The incident agency will require the damage property to be turned in before replacement is authorized.
- If approved, an S# will be issued which will include an identified dollar limit. The remaining amount should be covered by the resource's home unit program dollars. Purchase of replacement will be handled by the home unit.

4. **Government Vehicle Claims & Tire Replacement:**

- Vehicle accidents and damages that were caused by the incident will need the Motor Vehicle Accident Report, SF91 and the Statement of Witness, SF-94 completed.
- The delegated official (i.e., agency administrator, FMO or IBA) must approve the request. Normal wear and tear will not be charged to the incident nor will damaged caused by abuse or negligence.
- Tire damaged that was caused by the incident will need to have an OF-289, Property Loss and Damage completed and submitted to the approving official (i.e. AA, FMO, IBA).

5. **Individually Owned Property (Employee Claims):**

Employee personal property that is lost or damaged must be replaced by filing an employee claim on an AD-382 or DI-570 form. The employee will usually need witness statements, receipt or cost estimates, signed and dated. The employee must file the claim in accordance with their home unit procedures. **The incident may not approve reimbursement or issue S#s for the replacement of personal property.**

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following item to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness (<i>Ex: Unconscious, Struck by Falling Tree</i>)
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" (<i>Ex: Trout Meadow Medical</i>)
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident (<i>Ex: TFLD Jones</i>)
Patient Care		Name of Care Provider (<i>Ex: EMT Smith</i>)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (*if different*): (*Descriptive Location (drop point, intersection, etc.) or Lat. / Long.*) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: Considerations: *If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.*

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

**OFFICIAL DOCUMENT FOR NECESSITY OF AIR AMBULANCE OR GROUND AMBULANCE EVACUATION OF
EMPLOYEE**

Date:	Incident Number:	Incident Name:	Unit:
Incident Type:	Operational Period:	Incident Commander:	IC Type (1-5)
JUSTIFICATION			
Name of Individual(s)			
Level of medical care on-scene(Circle): Paramedic AEMT EMT Other _____			
Transport Type (Circle): Air Ambulance Ground Ambulance Combination			
Nature of illness or injury:			
Assessment of Severity of Emergency which triggered Medical Evacuation (Circle): Red (Life or Limb threatening) Yellow (Serious injury or illness) Green (Minor illness or injury)			
Describe the situation(s) that caused the necessity for medical extraction via ground or air ambulance. Medical: Situational (i.e. proximity of fire, availability of other evacuation methods, etc): Terrain conditions: Ground Evacuation time(s): Extenuating Circumstances (i.e. no resources available for carry out, nearest ground ambulance 2 hours away, multiple patients at same time, patient was short-hauled to helispot, higher level of care with ambulance, etc):			
Incidents are very fluid and complex, decisions to initiate a medical evacuation via ground or air ambulance are based on the best available knowledge, experience, and training of staff on-scene and at the incident command post. Based on the information obtained at the time and considering all the above factors, the decision was made that the above patient(s) would have the best chance of a positive outcome, and the government authorized the medical evacuation and expense described above, which was in the best interest of the government to get the patient(s) to the appropriate higher level of medical care in a timely manner.			
Signature of Medical Caregiver on scene (if available)			
Name:	Title:	Date:	
Signature of Medical Unit Leader (if available)			
Name:	Title:	Date:	
Signature of Incident Commander			
Name:	Title:	Date:	

Copy to be given to Patient for filing with OWCP, Comp/Claims, and Incident Documentation

This page is required to be filled out

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
Activity Log			
Time	Major Events		
Prepared by (Name and Position)			